

EXHIBIT 3-L
Montana Department of Commerce

Homeowner Rehab Set Up and Completion Form
HOME Program (for single and multi-address activities)

Check appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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SET UP HOMEOWNER REHAB ACTIVITY

A. General information

1. Name of Participant <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. IDIS Activity ID Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. Activity Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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B. Objectives and Outcomes (for MDOC use only)

1. Objective <input type="checkbox"/> (1) Create suitable living environment <input type="checkbox"/> (2) Provide decent affordable housing <input type="checkbox"/> (3) Create economic opportunities	2. Outcome <input type="checkbox"/> (1) Availability/accessibility <input type="checkbox"/> (2) Affordability <input type="checkbox"/> (3) Sustainability
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C. Special Characteristics

1. Activity Location (Check any that apply) <input type="checkbox"/> (1) CDBG Strategy Area <input type="checkbox"/> (5) Brownfield redevelopment area <input type="checkbox"/> (2) Local target area <input type="checkbox"/> (6) Conversion of nonresidential to residential use <input type="checkbox"/> (3) Presidentially declared major disaster area <input type="checkbox"/> (4) Historic preservation area <input type="checkbox"/> (7) Colonia (for AZ, CA, NM, TX only)	2. Will this activity be carried out by a faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Activity Information

1. Homeowner's Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Street: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
3. City: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	4. State: MT	5. ZIP Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. County Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Activity Estimates: 7. HOME Units: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> 8. HOME Cost: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		9. Multi-Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Loan Guarantee? <input type="checkbox"/> Yes <input type="checkbox"/> No

E. Contractor (for multi-address activities ONLY)

1. Contractor Type (check one): <input type="checkbox"/> (1) Individual <input type="checkbox"/> (4) Not-for-Profit <input type="checkbox"/> (2) Partnership <input type="checkbox"/> (5) Publicly Owned <input type="checkbox"/> (3) Corporation <input type="checkbox"/> (6) Other	2. Contractor's Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	3. Contractor's Street Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	4. City <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	5. State <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	6. ZIP Code: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Homeowner Rehab Completion Form

HOME Program (for single and multi-address activities)

COMPLETE HOMEOWNER REHAB ACTIVITY

1. Property Type (check one) <input type="checkbox"/> (1) 1-4 (unit) Single Family <input type="checkbox"/> (2) Condominium <input type="checkbox"/> (3) Cooperative <input type="checkbox"/> (4) Manufactured Home	2. Completed Units: <u>Total Number:</u> <u>HOME-Assisted:</u> [] []
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F. Units.

1. Of the Completed Units, the number:	<u>Total:</u>	<u>Home-Assisted:</u>
Meeting Energy Star standards	[]	[]
504-accessible	[]	[]

G. Property Address.

(If this is a multi-address activity, make copies of pages 2 and 3 so that cost and beneficiary information is reported for each address – Sections G, H, and I)

1. Homeowner's Name: []	2. Homeowner's Street Address []		
3. City: []	4. State MT	5. ZIP Code []	6. County []

H. Costs:

Value After Rehab: \$0

1. HOME Funds (including Program Income)

		Totals
(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(4) Other	\$0	
Total HOME Funds		\$0

2. Public Funds

(1) Other Federal Funds	\$0	
(2) State / Local Funds	\$0	
(3) Tax Exempt Bond Proceeds	\$0	
Total Public Funds		\$0

3. Private Funds

(1) Private Loans	\$0	
(2) Owner Cash Contribution	\$0	
(3) Private Grants	\$0	
Total Private Funds		\$0
4. Activity Total or Total This Address		\$0

Montana Department of Commerce

I. Beneficiaries (Use codes indicated below.)

Unit #	# of Bdrms	Occu- pant	Household					Assistance Type	Total Monthly Rent
			% Median	Hispanic? Y / N	Race	Size	Type		
		2						N/A	N/A

FHA Insured?

☐ Yes ☐ No

of Bdrms

- 0 - SRO/Efficiency
- 1 - 1 bedroom
- 2 - 2 bedrooms
- 3 - 3 bedrooms
- 4 - 4 bedrooms
- 5 - 5 or more bedrooms

Assistance Type

- 1 - Section 8
- 2 - HOME TBRA
- 3 - Other federal, state or local assistance
- 4 - No assistance

Occupant

- 1 - Tenant
- 2 - Owner
- 9 - Vacant Unit

Household Size

- 1 - 1 person
- 2 - 2 persons
- 3 - 3 persons
- 4 - 4 persons
- 5 - 5 persons
- 6 - 6 persons
- 7 - 7 persons
- 8 - 8 or more persons

Household % of Median

- 1 - 0 to 30%
- 2 - 30+ to 50%
- 3 - 50+ to 60%
- 4 - 60+ to 80%

Household Type

- 1 - Single, non-elderly
- 2 - Elderly
- 3 - Single parent
- 4 - Two parents
- 5 - Other

Household Race

- 11 - White
- 12 - Black or African American
- 13 - Asian
- 14 - American Indian or Alaska Native
- 15 - Native Hawaiian or Other Pacific Islander
- 16 - American Indian or Alaska Native & White
- 17 - Asian & White
- 18 - Black or African American & White
- 19 - American Indian or Alaska Native & Black or African American
- 20 - Other Multi Racial